

Introduction

Physician's Statement Pertaining to a Member's Application for Disability Retirement

Updated September, 2001

Who should complete this form?

In accordance with 840 CMR 10.06 (1) (b) (Code of Massachusetts Regulations), this statement must be prepared by the licensed medical doctor who has furnished primary treatment in connection with the applicant's disability.

Who will ask the physician to complete this form?

In the disability retirement application that an applicant submits to his/her retirement board, the applicant will identify the name, address, and phone number of the physician who has provided the primary care of his/her disability. The retirement board will send a copy of the *Physician's Statement* to the physician and request that the form be completed and returned to the retirement board.

However, some applicants may choose to submit the *Physician's Statement* directly to their physician. Applicants should be sure to include the name, address, and phone number of their retirement board on the statement, if they take this course of action.

In order to avoid duplication of effort and confusion, if an applicant does submit the *Physician's Statement* directly to his/her physician, the applicant should be sure to so inform his/her retirement board.

What is the process associated with this form?

A disability retirement application will not be considered complete until the completed *Physician's Statement* and the required Narrative Report has been received by the applicant's retirement board. Delays in filing any of the required materials will impede timely processing of the application.

Are there key standards or guidelines that the physician should consider when completing the *Physician's Statement*?

Yes, the Permanency Standard and the Aggravation of a Pre-existing Condition Standard should both be reviewed. These standards are included in the section of the *Physician's Statement* entitled, "PERAC Format for Narrative Report."

Are some disabling conditions presumed to be job-related?

Certain conditions are presumed to be job-related if suffered by persons holding certain public safety positions. Additional information about these presumptions is available from the Public Employee Retirement Administration Commission. The presumptions are:

(continued on page 2)

Heart Law (G.L. c. 32, § 94)

A disability or death caused by heart disease or hypertension is presumed to be suffered in the line of duty for public safety positions, including certain fire fighters, police officers, corrections officers, and public safety employees at the international airport. The employee must have passed a physical examination on or after their date of hire which failed to reveal evidence of such a condition. The presumption can be rebutted by competent evidence which shows the disability was not job-related.

Lung Law (G.L. c. 32, § 94A)

A disability or death caused by diseases of the lungs or respiratory tract is presumed to be suffered in the line of duty as a result of inhalation of noxious fumes or poisonous gas for certain fire fighters or public safety employees at the international airport. The employee must have passed a physical examination on or after their date of hire which failed to reveal evidence of such a condition. The presumption can be rebutted by competent evidence which shows the disability was not job-related.

Cancer Presumption (G.L. c. 32, § 94B)

A disability or death caused by certain cancers is presumed to be suffered in the line of duty as a result of exposure to heat, radiant, or a known or suspected carcinogen for certain fire fighters or public safety employees at the international airport. The employee must have been employed in an eligible position on or after July 5, 1990, must have served in such a position for five years or more at the time such condition is or should have been discovered, must have regularly responded to fires during some portion of his/her service, and must discover such cancer within five years of the last date of his/her active service. The presumption can be rebutted by a preponderance of the evidence which shows that the disability was caused by non-service-related risk factors or accidents or hazards undergone.

Who should a primary treating physician contact if she or he has questions about this form?

If a primary treating physician needs further explanation about this form or the disability process in general, the physician should contact the member's retirement board.

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Retirement Board: Please place your address and phone number here. ▶

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Applicant's Last Name	First	M.I.	Name of Applicant's Retirement Board
<input type="text"/>			<input type="text"/>
Street Address of Applicant's Retirement Board			Applicant's Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Retirement Board Phone #

Type of Claimed Disability (please check one)

☐ Accidental ☐ Ordinary ☐ Both Accidental and Ordinary

As the primary physician who has been treating the above named applicant for his or her claimed disability, the retirement board will consider your analysis of the applicant's medical condition. **You are asked to consider three questions and to submit a written report that supports the medical basis for your conclusions.** Clarity and consistency are important elements in ensuring that the retirement board fully understands your viewpoint. It would be most helpful if your response conforms to the format specified herein.

The three questions that you must consider are as follows:

- (1) Is the applicant mentally or physically incapable of performing the essential duties of his or her particular job?
- (2) Is said incapacity likely to be permanent?
Please refer to the attached Permanency Standard.
- (3) Is said incapacity such as might be the natural and proximate result of the claimed personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which this disability retirement is based?
Please refer to the attached Aggravation of a Pre-Existing Condition Standard.

Accidental Disability

In an application for Accidental Disability Retirement, a member asserts that his or her disability is the result of a job-related incident or injury. For such applications, your responses to Questions 1, 2, and 3 are required.

Ordinary Disability

In an application for Ordinary Disability Retirement, a member does not assert that his or her disability is the result of a job-related incident or injury. For such applications, your response to Question 3 is not necessary. But please note that you may also respond to Question 3, if your determination is that consideration of causality is appropriate even though the applicant has not applied for accidental disability retirement.



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Last Name	First	M.I.	Social Security #

Certification of Applicant's Disability Status

Based on my physical examination of and my knowledge of the pertinent facts of his/her case as described in my attached report, I hereby certify and respond as follows regarding the applicant's claim of disability:

(1) Is the applicant mentally or physically incapable of performing the essential duties of his or her particular job?

☐ Yes ☐ No

(2) Is said incapacity likely to be permanent?

☐ Yes ☐ No

(3) Is said incapacity such as might be the natural and proximate result of the claimed personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which this disability retirement is based?

☐ Yes ☐ No

I, the undersigned physician, understand that has applied for disability retirement pursuant to the provisions of Massachusetts General Laws, Chapter 32. I certify that I have read and understand the information contained in this statement, and I subscribe, under the pains and penalties of perjury, that the information I have supplied in this statement and in my attached report is true, complete and correct to the best of my knowledge.

I am certified to practice medicine in .
List State(s)

My medical license number is . My medical license was issued by .
State

Physician's Name:
Print

Physician's Signature: _____

Date: _____

Physician's Medical Speciality

Physician's Phone #

Physician's Street Address

Physician's Fax #

City State Zip

PERAC Format for Narrative Report

At the beginning of your report, it is important to include:

- (1) The following information about the applicant:
 - The name of the applicant who was examined
 - The applicant's Social Security Number
 - The type of disability applied for: Accidental or Ordinary or both Accidental and Ordinary
- (2) The following information about your care of the applicant:
 - Have you provided the applicant with professional care with respect to his or her current disability?
 - Have you provided the applicant with professional care with respect to other medical reasons that are unrelated to his or her current disability?
- (3) The following information about the applicant's medical history:
 - History of the applicant's illness or condition
 - Include a description of injury or hazard undergone.
 - Current Symptoms
 - Describe the applicant's current symptoms
 - Applicant's Past Medical History
 - Including operative procedures, hospitalizations, medications, allergies, etc.
 - If the applicant has applied for accidental disability retirement, please state the date of injury.

Please focus on the following questions in the order indicated. Retirement boards will read your report during their decision-making process. Reports that are concise, consistent and thorough are the most meaningful and useful.

- (1) Your Diagnosis
 - What is your diagnosis of the applicant's condition and the nature of his or her incapacity or impairment, if any, and the medical basis for your conclusions?
- (2) Duties and Gainful Occupation
 - What are the job duties and activities that the applicant is unable to perform?
 - What type of gainful occupation could the applicant perform in light of his or her current mental and physical condition, training and qualifications?

(3) Permanency

- What is the basis for your conclusion that the applicant's disability is or is not likely to be permanent?
- Is the nature of the applicant's condition or injury such that it can be expected to improve to any degree over time? If improvement is expected, what is the anticipated length of the recovery period?
- If you knew that the applicant was willing and able to undergo medical treatment or rehabilitation, would you change your opinion about the permanency of the applicant's disability?

(4) Causality

- What is the medical basis for your conclusion that the disability is or is not such as might be the natural and proximate result of the personal injury sustained or hazard undergone in the performance of the applicant's duties and on account of which disability retirement is claimed?
- Is there any event or condition in the applicant's medical history—other than the work related personal injury or hazard undergone upon which the disability retirement application is based—that might have contributed to or resulted in the disability claimed?
- If there is such a contributing condition or event, what is the likelihood that the applicant's disability or incapacity was the natural and proximate result of that event or condition?
- Please weigh each set of factors. Is it more likely that the disability was caused by the job-related personal injury or hazard undergone (upon which this disability application is based), or the non-work related condition or event? What formed the basis for your conclusion?

Permanency Standard

A disability is permanent if it will continue for an indefinite period of time that is likely to never end even though recovery at some remote, unknown time is possible. If the regional medical panel is unable to determine when the applicant will no longer be disabled, they must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the physician makes his(her) determination based on the actual examination of the applicant and other available medical tests or medical records that have been provided. It is not the physician's task to look into employment possibilities that may become available to an applicant at some future point in time.

Aggravation of a Pre-Existing Condition

You may find that a previous condition or injury is related to the condition or injury that is the basis of the disability application. If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.

**Addendum Sheet
to the
Physician's Statement**

Please use this sheet to provide further information in the event that you find the space provided on the form to be insufficient. Please identify the question(s), by Page Number and Question Number, for which you are providing further information.